Governor's Council on Physical Fitness and Health
School Recognition Program

School Health Advisory Council			
Rationale:	Local school health advisory councils are one means of planning consistent and focused action. Councils, comprised of representatives from the six components of school health (curriculum and instruction, school environment, student program, adult programs, pupil services, and community and family) can objectively assess the needs of young people and identify the required resources. Councils can also serve as a communication link between the school and community to help promote the need for school health programs.		
Award Level	Bronze	Silver	Gold
Criteria:	School administrator or school board supports the establishment of a School Health Advisory Council	School Health Advisory Council is functional and has representation from key stakeholders	School or district provides financial, staff and/or other in-kind support for School Health Advisory Council
Specifications:	By the 2005-2006 school year the school or district has a policy or a public statement supporting the establishment of a School Health Advisory Council.	School or school board shall appoint an advisory committee composed of parents, teachers, school administrators, school board, school foodservice, physical education staff, other appropriate school staff, students, public health, health care professionals, Registered Dietitian or Registered Dietetic Technician, local nutrition and physical activity or tobacco coalition representatives (if coalition(s) exist) and other residents of the school district.	School or district has allocated funds, a staff person, and/or other in-kind support the work of council members.
Proof of attainment:	Submission of the policy or documented statement.	Membership list signed by council chair, board president, or school administrator	Comments on application form indicating percent of staff FTE, reimbursable council activities, and/or types of in-kind support.
Resources:	**Wisconsin Resources**: *Starting a School-Community Health Advisory Council*, 1998, www.dpi.state.wi.us/dpi/dlsea/sspw/pdf/health&safety.pdf **Other State Resources**: North Carolina, *School Health Advisory Council*, www.nchealthyschools.org/schoolhealthadvisorycouncil **National Resources**: American School Health Association, *Promoting Healthy Youth, Schools and Communities: A Guide to Community-School Health Councils, American Cancer Society* www.schoolwellnesspolicies.org/resources/AGuideToCommunitySchoolHealthCouncils.pdf		
Baseline:	Fifty-seven percent of middle school and high school principals report their school districts have a health advisory group or committee that guides their health education curriculum and policies. (source: 2004 Wisconsin School Health Profiles, DPI)		

School Wellness Policy			
Rationale:	The USDA Child Nutrition Program Reauthorization Act of 2004 requires that every school district participating in the National School Lunch Program have a School Wellness Policy in place by the first day of the 2006-07 school year. The law specifically requires that, at a minimum, the wellness policy includes goals for nutrition education, physical activity, and other school based activities designed to promote students wellness in a manner that the local educational agency determines appropriate; includes nutrition guidelines for all foods available on the school campus during the school day; assures that the guidelines for the school meals are not less restrictive than Federal standards; establishes a plan for measuring implementation of the local wellness policy; and involves in the development of the parents, students, representatives of the school food authority, the school board, school administrators, and the public.		
Award Level	Bronze	Silver	Gold
Criteria:	School building has formed an active School Wellness Policy Committee	School building has developed and adopted a school wellness policy based on a local needs assessment.	School Wellness Policy has been disseminated, implemented, and monitored.
Specifications:	Either the School Health Advisory Council or a working sub-committee of the Council will take lead for the development of the school wellness policy. The Committee includes the required members as specified in the federal Reauthorization Act (parents, students, representatives of the school food authority, the school board, school administrators, and the public**)** plus others as deemed appropriate by the school district.	School building has completed a program needs assessment and developed a school wellness policy according to specifications and requirements in the federal 2004 Reauthorization Act.	School has a plan to disseminate, implement, and monitor the district wellness policy.
Proof of attainment:	List of Committee chair and members, including titles	Comments on application form indicating the completion of the needs assessment and submission of School Wellness Policy (draft okay for first year)	Comments on application form indicating how the policy is being disseminated, implemented, and monitored.
Resources:	**Wisconsin Resources**: Wisconsin DPI Community and School Nutrition Program: www.dpi.state.wi.us/dpi/dfm/fns/wellnessplcy.html Wisconsin Association of School Boards: www.wasb.org/policy/index.html **National Resources**: American Dietetic Association: www.eatright.org/Public/GovernmentAffairs/98_12033.cfm Center for Science in the Public Interest: www.cspinet.org/schoolfood/ Food Research and Action Center (FRAC): www.frac.org/html/federal_food_programs/cnreauthor/wellness_policies.htm National Alliance for Nutrition and Activity (NANA) www.schoolwellnesspolicies.org School Nutrition Association: www.schoolnutrition.org/Index.aspx?id=1075		

	USDA: www.fns.usda.gov/tn/Healthy/wellnesspolicy.html Making It Happen: www.fns.usda/tn/healthy/execsummary_makingithappen.html Centers for Disease Control and Prevention: School Health Index: **www.cdc.gov/healthyyouth/SHI/**.
Baseline:	By the beginning of the 2006-2007 school year all school districts participating in federally subsidized child nutrition programs (e.g., National School Lunch Program, School Breakfast Program) will be required to establish a local school wellness policy (approximately 95% of school districts).

Alcohol, Tobacco & Other Drug Prevention			
Rationale:	Alcohol abuse is the third leading preventable cause of death in the United States (4% of the total deaths in 2000), and is a factor in approximately 41% of all deaths from motor vehicle crashes. Among youth, the use of alcohol and other drugs has also been linked to unintentional injuries, physical fights, academic and occupational problems, and illegal behavior. Drug use contributes directly and indirectly to the HIV epidemic, and alcohol and drug use contribute markedly to infant morbidity and mortality. Prevalence of public high school students in Wisconsin who reported using marijuana in the past 30 days increased significantly from 11 % in 1993 to 22 % in 2003. Tobacco use, including cigarette smoking, cigar smoking, and smokeless tobacco use, is the single leading preventable cause of death in the United States. Every day, approximately 4,000 American youth aged 12-17 try their first cigarette. If current patterns of smoking behavior continue, an estimated 6.4 million of today's children can be expected to die prematurely from a smoking-related disease. (source: CDC, **www.cdc.gov**, obtained on July 8, 2005)		
Award Level	Bronze	Silver	Gold
Criteria:	School has signage and consistently communicates the district's policy(s) prohibiting the use of ATOD on school property and at school related functions	School is using an evidence-based tobacco and/or AODA prevention program	School uses a student behavior survey to assess AODA and tobacco risk behaviors and attitudes/perceptions.
Specifications:	School has posted signs and communicates regularly to students, staff, parents, and guests the district's policy prohibiting the use of tobacco products, alcohol, and other drugs on school property and at school related functions.	School is implementing an evidence-based tobacco or AODA prevention program that all students participate in during their school experience.	School has used in the last three years a student survey to assess risk behaviors and attitudes/perceptions.
Proof of attainment:	Comments on application form providing the location and number of signs and an explanation of how and when they communicate relevant district policies to students, staff, parents, and guests.	Comments on application form stating what evidence-based program(s) is being used and at what grade level(s).	Comments on application form providing the survey administration date, survey name, and grade level surveyed.
Resources:	**Wisconsin Resources**: Tobacco and AODA Policy – www.dpi.state.wi.us/dpi/dlsea/sspw/tobaccoprog.html www.dpi.state.wi.us/dpi/dlsea/sspw/aodaprog.html Evidence-based Programs: www.dpi.state.wi.us/dpi/dlsea/sspw/tobaccoprog.html www.dpi.state.wi.us/dpi/dlsea/sspw/safedrgfr.html		

	Student Asset and Risk Behavior Surveys: www.dpi.state.wi.us/dpi/dlsea/sspw/yrbsindx.html **National Resources**: Evidence-based AODA Programs: SAMSHA Model Programs, http://modelprograms.samhsa.gov/template_cf.cfm?page=model_list Student Asset and Risk Behavior Surveys: National Youth Risk Behavior Surveillance System, www.cdc.gov/HealthyYouth/yrbs/index.htm
Baseline:	Signage: Sixty-eight percent of all middle school and high school principals reported their school has signs posted marking a tobacco-free school zone. (source: 2004 Wisconsin School Health Profiles, DPI) No data exists on AODA signage. Evidence-based Programs: Data forthcoming Student Risk Behavior Survey: All WI school districts are eligible for Safe and Drug Free Schools funds and one requirement is to provide outcome data, many districts use a student survey (e.g., Youth Risk Behavior Survey, Search) to collect this data.

Parent and School Partnership			
Rationale:	Research has shown over the past 30 years that schools which actively engage families and the community in education have children who learn more, have staff with higher morale, and have families and a community who support and understand their schools. Wisconsin data from the Youth Risk Behavior Survey has demonstrated that youth who report that they live in a supportive environment (e.g., teachers care about them, family is supportive, two or more adults that are not their parents that will talk with them) engage in fewer risky behaviors, such as drug and tobacco use. (source: Wisconsin Youth Risk Behavior Survey, DPI)		
Award Level	Bronze	Silver	Gold
Criteria:	Parents are involved in school sponsored health education and promotion activities	School has established a formal structure to foster parent and school partnerships.	Parents are surveyed to determine their priorities regarding student health and safety issues.
Specifications:	Parents are strongly encouraged to participate with their child in school sponsored health promotion activities, such as physical activity events and nutrition education.	School has established an advisory group or some similar structure to monitor, encourage, and provide opportunities for parental involvement.	School surveys parents at least every three years to gather feedback and input into the development of the health promotion activities (e.g., physical education, nutrition education).
Proof of attainment:	Comments on the application form describe the type and frequency of health promotion activities that have involved parents.	Comments on the application form explain what structure is in place to get parents involved.	Example of parent survey is submitted and a summary of the last survey results.
Resources:	**Wisconsin Resources**: DPI Family-Community-School Partnership Team, www.dpi.state.wi.us/dpi/dltcl/bbfcsp/fcsphome.html **National Resources**: Harvard Family School Partnerships Project, www.gse.harvard.edu/hfrp/projects/family.html National Coalition for Parent Involvement in Education, www.ncpie.org/		
Baseline:	Lead health teachers report providing families with information on the health education program (76%), met with parent organization to discuss the health education program (14%), and invited family members to attend a health education class (41%).(source: 2004 Wisconsin School Health Profiles, DPI)		